



Citation for published version:

Doran, N, Fox, F, Taylor, G & Harris, M 2015, *Early GP Leavers Interim Report: Report to HEE & NHS England dated 4th May 2014*. University of Bath.

Publication date:
2015

Document Version
Peer reviewed version

[Link to publication](#)

University of Bath

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Early GP Leavers Interim Report

Report to HEE & NHS England dated 4th May 2014

Data updated 3rd June 2015

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Contents

Summary of findings.....	3
Recruitment.....	3
Demographic profile of early GP leaver responders	3
Reasons for leaving general practice in England	3
What early GP leavers are doing now	5
Barriers to returning to work as a GP in England.....	5
Preliminary themes from interviews.....	6
On-going work	6
Background.....	7
Ages of GP joiners and leavers	7
Methods.....	9
Developing the online survey.....	9
Recruitment covering letter	10
Recruitment of survey participants.....	11
Additional recruitment methods	12
Analysing the survey data	13
Semi-structured interviews.....	13
Survey Results	14
Total responses	14
Demographic data	15
Reasons for leaving general practice in England	18
Overview of reasons for leaving.....	25
Reasons for leaving: thematic analysis of free-text responses	26
What the early leavers are doing now	28
Other careers: summary of free-text responses.....	30
Barriers to returning to work as a GP in England.....	31
Overview of barriers to return	34
Final open-ended questions	35
Interim interview results.....	41
Appendix 1. Findings of survey of SoPC colleagues	46
Appendix 2. GP Early Leavers on-line survey, final version	50
Appendix 3. Covering letter from Head of Primary Care Commissioning NHS England and Chair, RCGP.....	60
Appendix 4. Online survey invitation letter.....	61
Appendix 5. Participant information letter for online survey	62
Appendix 6. Results of requests to ATs for assistance with recruitment to survey	64
Appendix 7. Change in career direction: free text responses	66
References.....	68

Summary of findings

Recruitment

- 143 early GP leavers responded to the on-line survey.
- Their age/sex profile broadly reflects that of the NHS Information Centre for Health & Social Care data on early leavers.
- The response rate was 34.6% of the number of invitations sent, though some may have responded as a result of articles about the research project in BMA News.
- The 12 Area Teams that allowed their recent early GP leavers to be mailed between them covered a population of 20.6 million patients, 40% of the population of England.
- The number of early GP leavers identified by analysing data from the Area Teams was one fifth of that shown in the NHS Information Centre for Health & Social Care data; this may be because the those “leaver” data included many GPs who had simply moved to other PCTs and continued work there.

Demographic profile of early GP leaver responders

- The highest proportion of early GP leavers had been working as GPs in England for less than 5 years, with reducing numbers of leavers for each subsequent 5-year band.
- Similarly, the highest proportion of early leavers had been working as GPs for 8 or more sessions per week in their final year before leaving, with reducing numbers of leavers for those working fewer sessions.
- Over a third (39.9%) of these early GP leavers now live outside England.

Reasons for leaving general practice in England

- The reasons for leaving English general practice were multiple, with over 7 out of 9 of the overarching survey categories being ticked by at least 60% of respondents.
- The complexity of the picture was further reflected by the responses to the questionnaire’s 45 possible individual reasons for leaving, with 71% of participants ticking at least 10 of the reasons, and 21% citing 20 or more reasons.

Personal factors and pressure of work

- Personal factors were cited by 91% of respondents, in particular feeling overworked (54%), a wish to improve their work/life balance (49%), the work being too stressful (43%) and lack of enjoyment of the work (42%). Burnout was cited by 38%.

- Pressure of work was another important factor, cited by 84% of subjects. Each of the following was ticked by more than 47% of respondents: goalposts being moved too often; dislike of a “target-driven” approach to patient care; non-clinical workload too high; an unreasonably intense workload.

Organisational and financial aspects

- Unhappiness with the day-to-day life as a GP was indicated by 79% of respondents, in particular changes to the role of the GP (44%).
- 61% of GP leavers said that aspects relating to their working hours were a factor, especially that their hours were too long (47%).
- Financial concerns were cited by the same proportion (61%), reasons including falling income (34%), high premiums for medical indemnity cover (24%) and a feeling that their NHS pension was under threat (21%).
- Concerns about appraisal and revalidation were a concern to 37%, in particular the workload required for the yearly NHS appraisal being too high (29%).
- Unhappiness with the professional culture was also important (61%), in particular the feeling of a loss of autonomy and professional control (44%).

The media

- Factors relating to patients and the media were cited by 63%; concerns about the media’s attacks on the medical profession were indicated much more often (57%) than fears of litigation or complaints (25% and 18% respectively).

Other factors

- Compared with the areas listed above, a smaller proportion of early GP leavers cited family reasons (39%), with “childcare being more important than working as a GP” being cited by 9%.
- Factors relating to the Retainer scheme were only selected by 6% of respondents, with most of those being about unavailability of Retainer posts.
- However, a number of doctors wanted to make it clear that they had enjoyed the direct patient care: *“I ... am devastated I am unable to return to the job I love”*.

What early GP leavers are doing now

- 40% of early leavers now work as GPs outside England, predominantly outside the EU (33%).
- 29% do medical work, but not as a GP.
- Only 9% said that they were full-time parents, and 8% were carers.
- 7% had retired early voluntarily; 4% had retired on medical grounds.

Barriers to returning to work as a GP in England

- Only 11% said that they perceived no barriers to their return to work as GPs in England, principally because they are happy with what they are doing now.
- 81% cited barriers relating to changes in GP work, loss of skills and/or concerns about life as a GP. The commonest reasons given here were:
 - put off by the continual organisational changes in the NHS (59%);
 - concern about the high workload and pressure of work (52%);
 - other GPs that they know seem unhappy in their work (49%);
 - life as a GP has not improved since they left practice (42%).
- Additional concerns about changes to the NHS put many off returning:
 - the feeling that the need to work extended hours, and possibly out-of-hours, was too daunting (40%);
 - dislike of recent changes to the NHS (39%);
 - the degree of box-ticking and administrative work now needed for practice (38%).
- Concern about having to do annual NHS appraisals and getting revalidated was an issue for over a third (37%).
- Factors relating to the Induction and Refresher scheme were an important barrier to 31% of doctors, with varied reasons including:
 - inability to work without payment (17%);
 - “too many hoops” (15%);
 - entry requirements are too daunting (12%);
 - unsure what is needed (10%);
 - the view that doctors who have been working as GPs outside the EU should not have to go through a formal returner scheme (10%).
- Only 13% of respondents stated that, while in principle they would like to go back to being a GP, their families take priority.
- A higher number stated that they would not earn enough as a GP to make returning worthwhile (18%).

Preliminary themes from interviews

The themes that are emerging from the first 10 interviews, together with illustrative quotes, are presented on page 39.

On-going work

To date, 17 out of 20 interviews are complete. 10 of these have been analysed to produce preliminary themes and subthemes.

Phases to be completed include

- recruitment of final three interviewees;
- audio quality check and thematic analysis of the remaining 10 interviews;
- a literature review;
- a description of themes across the data set and how they interrelate;
- a descriptive analysis exploring (i) the main factors influencing the decision to leave general practice early and (ii) the perceived barriers to return;
- preparation of the end-of-project report.

The expected date for the final project report is 31st July 2014 (dependent upon recruitment).

Background

There are many reasons why doctors may not wish to commit fully to a lifetime's work in the National Health Service (NHS). However, the early loss of General Practitioners (GPs) is contributing to the impending GP workforce crisis.

The Department of Health (DH) has set a target that half of all UK medical graduates entering postgraduate specialty training should go into General Practitioner trainingⁱ. However, according to the Centre for Workforce Intelligence (CfWI)ⁱⁱ, measured against this target we are under-training GPs by 550, approximately 18% per year.

It is possible to increase the number of UK GPs by

- increasing the number of students in UK medical schools and then GP training, and
- raising the number of medical graduates who go through GP training.

These two options have significant time and cost implications. It costs £488,730 for a student to complete undergraduate medical school and then GP trainingⁱⁱⁱ, while the cost of a GP training programme for a medical graduate is £196,500 (£11,600 per subsequent working year using peak joiner and median retirement ages calculated from NHS Information Centre data^{iv}).

More cost-effective options are to:

- reduce the number of GPs who leave their work before the usual retirement age;
- retain doctors who, principally because of domestic commitments, can only undertake a small amount of paid professional work;
- encourage more GPs to return to practice after a career break.

The HEE commissioned an economic appraisal of current use of the last two options^{v vi}. Part of the resulting paper explored the evidence on ages of GP leavers and is quoted here^{vii}.

Ages of GP joiners and leavers

The peak age (mode) for doctors *joining* the GP Medical Performers' List (MPL) over the ten years from 2001-2010 was 32^{iv}.

Of the 11,633 doctors recorded as having left general practice in that decade, the peak age for women leaving the MPL was 35, while for men it was 57. Sixty per cent of the female leavers appeared to be below the age of 45, compared to 28% of men.

This suggested that there is a need to:

- minimise the number of GPs who leave in the first half of their working lives, and
- increase the number of doctors who start working as a GP again after a career break.

To develop strategies around that, we need evidence as to why younger doctors leave practice, what they are doing now, and what the barriers are to their return.

This project therefore aimed to explore these factors through the following research objectives:

- to investigate why doctors leave general practice early;
- to establish what they do after leaving GP practice;
- to explore what the barriers are to returning to GP practice.

Methods

The research design is a mixed method online survey, triangulated with qualitative telephone interviews.

It is focussed on GPs who left the English Medical Performer's List (MPL) / National Performer's List (NPL) in the last five years, while under 50 years of age.

The research team used an on-line survey to investigate:

- demographic data: age / gender / country of graduation / years working as a GP / time since leaving GP practice;
- reasons for leaving GP practice in England;
- current role / work / status;
- views about returning to work as a GP;
- perceptions as to the barriers to a return to GP work.

We aimed to get at least 100 complete responses to the online survey.

Telephone interviews are investigating:

- the factors that would have prevented GPs from leaving practice early;
- what helps or hinders early leavers from returning to GP practice.

We planned to recruit up to 20 GPs for telephone interviews. This is expected to provide a good range of perspectives and will allow analysis to be completed within the project time frame.

Ethical approval was given by the Research Ethics Approval Committee for Health (REACH) at the University of Bath. REACH reference number: EP 13/1451

Developing the online survey

We asked Severn School of Primary Care (SoPC) colleagues for their help in designing the questionnaire. We asked these established GPs:

- Why do you think doctors leave their GP careers early?
- What do you think early leavers are doing instead of their GP work?
- What do you think the barriers are to early leavers returning to work?

Thirty-four GP colleagues responded to this anonymous free-text survey. Their replies were analysed by FF and presented in Appendix 1.

We used these findings to design the survey. The survey was hosted by SurveyMonkey.net and piloted by seven doctors, a mixture of existing and early leaver GPs.

The full survey text is given in Appendix 2. The headings are summarised in Table 1.

Table 1. On-line questionnaire headings

Demographic information	<ul style="list-style-type: none">• Age, gender, country of graduation, year of accreditation• Where living now
Reasons for leaving general practice in England	<ul style="list-style-type: none">• Change in career direction, family reasons and personal factors<ul style="list-style-type: none">○ Change in career direction○ Family reasons○ Personal reasons• Experience of life as a GP<ul style="list-style-type: none">○ Day-to-day life as a GP○ Financial factors○ Factors relating to patients and the media○ Working hours○ Pressure of work○ The professional culture• Factors relating to the Retainer Scheme, appraisal and revalidation<ul style="list-style-type: none">○ Factors relating to the Retainer scheme○ Concerns about appraisal and revalidation
Current occupation	<ul style="list-style-type: none">• Current medical work• Non-medical careers, caring and leisure
Barriers to return to work as a GP in England	<ul style="list-style-type: none">• Concerns about life as a GP<ul style="list-style-type: none">○ Changes in GP work since last in practice○ Loss of confidence or skills• Factors relating to the Induction and Refresher (I&R) scheme• Family factors and financial aspects
Closing questions	<ul style="list-style-type: none">• What, if anything, would have stopped the doctor leaving work as a GP in England• What changes, if any, would help the doctor to start work as a GP again• Anything else that the doctor would like to tell us about

Recruitment covering letter

To help improve the survey response rate, we asked the Head of Primary Care Commissioning, NHS England and the Chair, Royal College of General

Practitioners whether they would be prepared to jointly sign a covering letter to participants. Both generously agreed to do so. At their request, the research team drafted the letter, and this draft was sent to them for approval and editing as needed. The final version is given in Appendix 3.

The Head of Primary Care Commissioning, NHS England was able to approve the letter immediately. The RCGP was approached with the initial request on 18th November, but due to internal processes was unable to approve the letter until 6th February.

Recruitment of survey participants

We decided to recruit to the questionnaire by working with Area Teams (ATs) to identify GPs who came off the MPL/NPL in the past five years while they were aged below 50.

An analysis of NHS Information Centre for Health & Social Care data for the years 2006-2011 suggested that 5,626 MPL leavers in those five years were aged below 50, giving a mean of 208 early leavers for each of the 27 ATs.

Given that ATs' contact information (postal addresses, email addresses) for GP leavers for this cohort would be at least five years out of date, and that in most cases the ATs would need to send questionnaire invitations by post (rather than email), we expected a response rate of 25%. This suggested that we would be able to reach our target of 100 questionnaire responses by mailing the early leavers from two ATs, and that recruiting sufficient numbers to the study would be easy.

However, the numbers recorded by the ATs as being young GP MPL leavers were much lower than those predicted by the NHS Information Centre for Health & Social Care data.

- One AT could only identify 32 early GP leavers for the previous five years.
- At another AT, an experienced data manager stated that she could not remember any early MPL leavers in her old PCT; she was able to confirm this after having run a data search.
- Cross-checking the ATs' lists with the GMC's List of Registered Medical Practitioners revealed that at least 50% of early MPL leavers were, in fact, still on the GP register.

It was therefore decided to approach all the ATs to ask for help with recruitment. ATs were sent copies of

- the survey invitation letter (Appendix 4);
- a covering letter from the Head of Primary Care Commissioning, NHS England and the Chair, Royal College of General Practitioners (Appendix 3);
- a Participant Information Sheet (Appendix 5);
- a copy of the ethics committee application and approval number.

We gave the ATs a variety of ways to work with us on recruitment:

- AT to check early leaver data against GMC's List of Registered Medical Practitioners and do the mailshot themselves;
- AT to give data to the research team, research team to check early leaver data against GMC's List of Registered Medical Practitioners and do the mailshot itself;
- any combination of these, for instance AT to run the cross-checks and send the mailing, but research team to provide AT with filled, stamped envelopes.

Where requested by the ATs, their expenses were reimbursed by the research project budget.

The response was variable:

- twelve ATs worked with us to arrange the mailshot:
 - some immediately agreed to support the project and either ran the mailshot themselves or gave the research team the early leaver contact data;
 - negotiations with other ATs took six weeks;
- discussions with eight ATs are still on-going;
- seven ATs were unable to help, citing either pressure of work or an absence of data on leavers.

The total number of survey invitations resulting from contact with ATs is 413. The input from each AT is given in Appendix 6.

Additional recruitment methods

The research team sent information about the survey to BMA News. The weekly newspaper featured it twice, each time giving the web link. However, those articles did not make it clear that the survey was aimed at younger GP leavers.

The invitation letter explained that as a "thank you" for having completed the survey, participants would be able to opt to be entered into a draw for £25 Amazon on-line gift vouchers. It also explained that respondents' data would be anonymised and would remain confidential, and that no identifiable information would be given to NHS England, the RCGP or the Health Education Executive.

The online survey encouraged respondents to forward the link to the survey to any other doctors they know below the normal retirement age who stopped being GPs in England in the last 5 years.

Analysing the survey data

Survey data were downloaded from SurveyMonkey.net and analysed using descriptive statistics (MH).

Common themes were summarized from the free response survey items (FF).

Semi-structured interviews

On the last page of the survey, participants were given the opportunity to tick a box stating “I am happy to be contacted with more information about a possible telephone interview by a researcher”.

Participants that ticked this were emailed by the qualitative researcher (ND). Those that replied with a signed consent form were contacted by ND to arrange a time for a telephone interview.

At the time of writing this report, 17 out of the planned 20 semi-structured interviews have taken place (ND). The preliminary themes and sub-themes are given in this interim report.

Survey Results

Total responses

Data collection started on 28th January 2014. The data for this report were downloaded on 4th June 2015.

The age profile of all respondents (including invalid responses) is shown in Table 2.

Table 2. Age profile of all survey respondents

Age	Responses	Percentage of total
under 30	0	0
30-34	21	8.0%
35-39	40	18.0%
40-44	34	12.5%
45-49	35	14.5%
50-54	41	20.0%
over 54	57	27.0%
Total	231	100%

The study defined “young GP leavers” as being those aged below 50 at the time of leaving the MPL/NPL. As it targeted those that had left the MPL/NPL in last five years, respondents aged over 54 could not have been under 50 at the time of leaving, so those 57 respondents are excluded from analysis in this interim report.

Of the remaining 174 respondents, 5 are still working as GPs in England so are excluded from this analysis.

Of the remaining respondents, 26 discontinued the survey after the demographics page, so are excluded from this analysis.

This leaves 143 valid survey respondents, which compares favourably with the target of 100 responses.

This is 34.6% of the number of invitations sent via the ATs. However, some respondents are likely to have been recruited via the BMA News items and by word of mouth, so this figure may be misleading as a response rate.

Twenty-three respondents dropped out of the survey at various stages, so the denominator used to calculate the percentages has been adjusted appropriately.

Demographic data

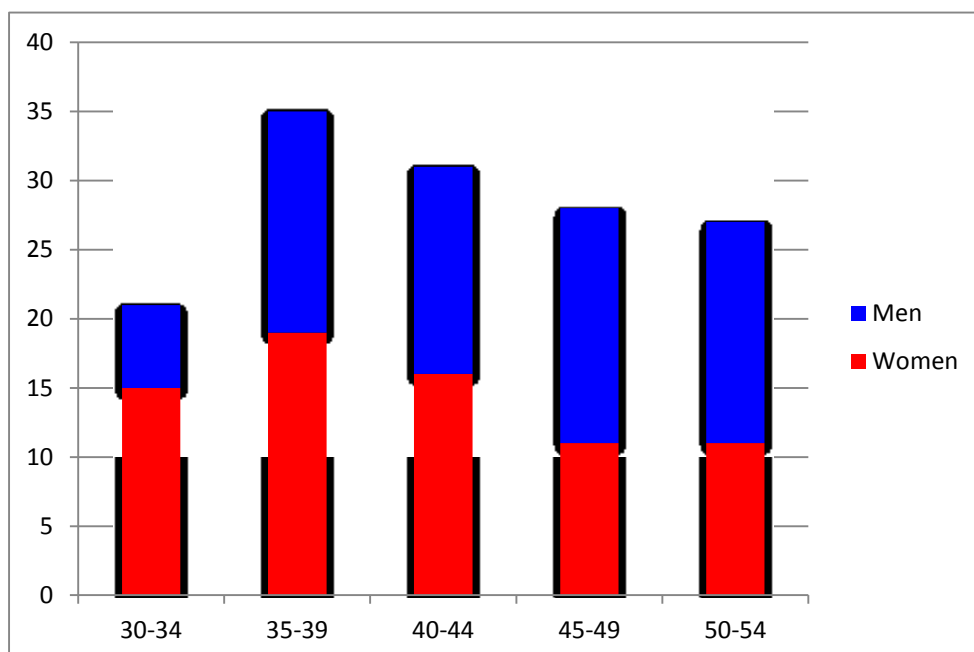
The first page of the survey asked respondents for demographic data. The following tables show the demographic data for valid respondents.

Table 3. Age and sex profile of valid respondents

Age	Female (per cent)	Male (per cent)	Unknown (per cent)
30-34	15 (10.5)	6 (4.2)	
35-39	19 (13.3)	16 (11.2)	
40-44	16 (11.2)	15 (10.5)	
45-49	11 (7.7)	17 (11.9)	
50-54	11 (7.7)	16 (11.2)	1 (0.7)
Total	72 (50.3)	70 (49.0)	1 (0.7)

These data are shown graphically in Figure 2.

Figure 2. Age and sex profile of valid respondents



This is broadly comparable with the age/sex profile of early leavers in the NHS Information Centre for Health & Social Care data, shown in Figure 3.

Figure 3. Age and sex profile of early leavers in NHS Information Centre for Health & Social Care data

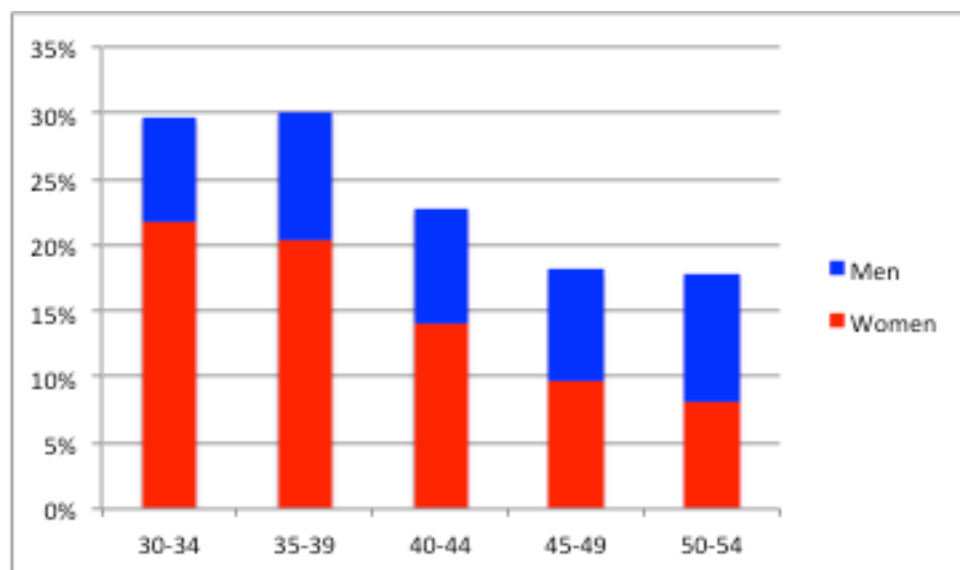


Table 4. Where did you graduate as a doctor?

Place	Number (per cent)
The United Kingdom	114 (79.7)
Another country in the EU	15 (10.5)
Outside the EU	14 (9.8)

Table 5. For how many years did you work as a GP in England? Please exclude any significant amount of time out, for instance for travel or childcare.

Years	Number (per cent)
Less than 5	50 (35.0)
5-9	33 (23.1)
10-14	22 (15.4)
15-19	20 (14.0)
20-24	13 (9.1)
25 or more	3 (2.1)
Unknown	2 (1.4)

Table 6. In your final year of work as a GP in England, on average how many sessions (half days) per week did you work as a GP?

Number of sessions	Number (per cent)
8 or more	60 (42.0)
5-7	50 (35.0)
3 or 4	20 (14.0)
1 or 2	12 (8.4)
Unknown	1 (0.7)

Table 7. Where do you live now?

Place	Number (per cent)
England	85 (59.4)
Northern Ireland, Wales or Scotland	8 (5.6)
Another country in the EU	9 (6.3)
Outside the EU	40 (28.0)
Unknown	1 (0.7)

Table 8. If you live outside the United Kingdom, please let us know where. [This question was introduced partway through the data collection, when it became apparent that many respondents were living outside the UK.]

Place	Number
Australia	11
Canada	4
Germany	4
Spain	1
Ireland	1
New Zealand	2
Poland	1
Switzerland	1
UAE	1
Australia/France	1

Reasons for leaving general practice in England

The next section of the survey asked for reasons for having left general practice in England.

Reasons for moving away from England

Those that stated that they had moved away from England were asked why.

Total respondents reaching this part of the survey: 142

Table 9. Reason for moving away from England

Reason	Number (per cent)
I moved outside the United Kingdom to work there as a GP	35 (24.6)
I moved outside the United Kingdom for other medical work	3 (2.1)
I moved outside the United Kingdom for other reasons	7 (4.9)
I moved to Wales, Northern Ireland or Scotland to work there as a GP	3 (2.1)
I moved to Wales, Northern Ireland or Scotland for other medical work	2 (1.4)
I moved to Wales, Northern Ireland or Scotland for other reasons	2 (1.4)

Change in career direction

Free-text responses were given by 42 respondents. These are given in full in Appendix 7, with the main categories shown in Table 10.

Total respondents reaching this part of the survey: 142

Table 10. Reasons for change in career direction

Reason	Number (per cent)
I wanted to change to a different speciality	22 (15.5)
I wanted to change to non-medical employment	16 (11.3)
Other (please specify) [categories]	
Other medical or GP career more attractive	18 (12.7)
Stress; problems in the practice	9 (6.3)
Family reasons	6 (4.2)

Illness	4 (2.8)
Retirement/gave up work	3 (2.1)
Needed time out	2 (1.4)
Financial	2 (1.4)
Lack of GP posts	1 (0.7)
Miscellaneous	4 (2.8)

Personal factors

Total respondents reaching this part of the survey: 142

Table 11. Personal factors

Reason	Number (per cent)
Total selecting a reason in this category	129 (90.8)
I felt overworked	76 (53.5)
I wanted to improve my work/life balance	70 (49.3)
The work was too stressful	61 (43.0)
I no longer enjoyed being a GP	59 (41.5)
I was getting burnt out	54 (38.0)
I could get other jobs with similar reimbursement but that are less stressful	46 (32.4)
I was too unwell to continue work	19 (13.4)
The Primary Care Trust removed me from the Medical Performers' List	7 (4.9)
The General Medical Council suspended me from practice or removed me from the medical register	1 (0.7)
Other [free-text entries]	29 (20.4)

Pressure of work

Total respondents reaching this part of the survey: 142

Table 12. Pressure of work

Reason	Number (per cent)
Total selecting a reason in this category	119 (83.8)
The goalposts were being moved too often	79 (55.6)
I didn't like the target-driven approach to patient care	74 (52.1)
The non-clinical workload was too high	71 (50.0)
The workload was unreasonably intense	67 (47.2)
The work was becoming too complex	37 (26.1)
Other [free-text entries]	12 (8.5)

Day-to-day life as a GP

Total respondents reaching this part of the survey: 142

Table 13. Day-to-day life as a GP

Reason	Number (per cent)
Total selecting a reason in this category	112 (78.9)
I was unhappy with changes to the role of the GP	62 (43.7)
I regretted having chosen general practice for my medical career	25 (17.6)
My GP training hadn't prepared me for the reality of life as a GP	16 (11.3)
I was bored in my work as a GP	15 (10.6)
General practice hadn't been my first choice of speciality	11 (7.7)
Other [free-text entries]	30 (21.1)

Working hours

Total respondents reaching this part of the survey: 142

Table 14. Working hours

Reason	Number (per cent)
Total selecting a reason in this category	87 (61.3)
My working hours were too long	67 (47.2)
My work schedule was incompatible with doing other things that were more important to me	50 (35.2)
I didn't want to work the required additional hours (e.g. 'extended hours')	43 (30.3)
Other [free-text entries]	17 (12.0)

Financial factors

Total respondents reaching this part of the survey: 142

Table 15. Financial factors

Reason	Number (per cent)
Total selecting a reason in this category	87 (61.3)
The remuneration wasn't enough for the amount of work that I was doing	48 (33.8)
My income was falling	48 (33.8)
Premiums for medical indemnity cover were too high	34 (23.9)
I felt that my NHS pension was under threat	30 (21.1)
My partner's/spouse's income was high enough for me not to need to work	15 (10.6)
I had already reached my life-time pension allowance	4 (2.8)
Other [free-text entries]	6 (4.2)

Factors relating to patients and the media

Total respondents reaching this part of the survey: 142

Table 16. Factors relating to patients and the media

Reason	Number (per cent)
Total selecting a reason in this category	90 (63.4)
I didn't like the media's attacks on the medical profession	81 (57.0)
The expectations of my patients were too high	48 (33.8)
I was concerned about, or had experienced, litigation	36 (25.4)
I had had one or more unreasonable complaints about me	25 (17.6)
I had experienced aggressive or violent patients/relatives	22 (15.5)
Other [free-text entries]	13 (9.2)

The professional culture

Total respondents reaching this part of the survey: 142

Table 17. The professional culture

Reason	Number (per cent)
Total selecting a reason in this category	86 (60.6)
I felt a loss of autonomy and professional control	62 (43.7)
I felt isolated and lacked professional support	31 (21.8)
I had colleagues that I no longer felt able to work with	18 (12.7)
My GP colleagues were making unreasonable demands	11 (7.7)
I was being bullied at work	9 (6.3)
I wanted to change my employment status (e.g. to an assistant, locum or principal) but was unable to do so	7 (4.9)
Morale among my GP colleagues was low	0
Other [free-text entries]	11 (7.7)

Family reasons

Total respondents reaching this part of the survey: 142

Table 18. Family reasons

Reason	Number (per cent)
Total selecting a reason in this category	56 (39.4)
I would have liked to continue as a GP but the working hours were incompatible with looking after my family.	28 (19.7)
Childcare was more important to me than working as a GP.	12 (8.5)
I had to prioritise caring for a friend/family member who was frail or unwell.	7 (4.9)
Other [free-text entries]	16 (11.3)

Were there any factors relating to the Retainer Scheme or to revalidation and appraisal that affected your decision to leave General Practice?

Total respondents reaching this part of the survey: 142

Yes	53 (37.3%)
No	81 (57.0%)
Not answered	8 (5.6%)

Concerns about appraisal and revalidation

Total respondents reaching this part of the survey: 142

Table 19. Factors relating to the appraisal and revalidation

Reason	Number (per cent)
Total selecting a reason in this category	53 (37.3)
The workload required for my yearly NHS appraisal was too high	41 (28.9)
I was put off by the need for revalidation	29 (10.4)
I had difficulty getting sufficient hours of CPD (continuing professional development)	19 (13.4)
Other [free-text entries]	17 (12.0)

Factors relating to the Retainer scheme

Total respondents reaching this part of the survey: 142

Table 20. Factors relating to the Retainer scheme

Reason	Number (per cent)
Total selecting a reason in this category	9 (6.3)
I wanted to work as a Retainer but no such posts were available	6 (4.2)
I wanted to work as a Retainer but wasn't allowed to	1 (0.7)
I wanted to work as a Retainer but couldn't find a post that suited me	0
Other [free-text entries]	2 (1.4)

Overview of reasons for leaving

Figure 4 compares the proportion of respondents ticking at least one statement in each main category of reasons for leaving.

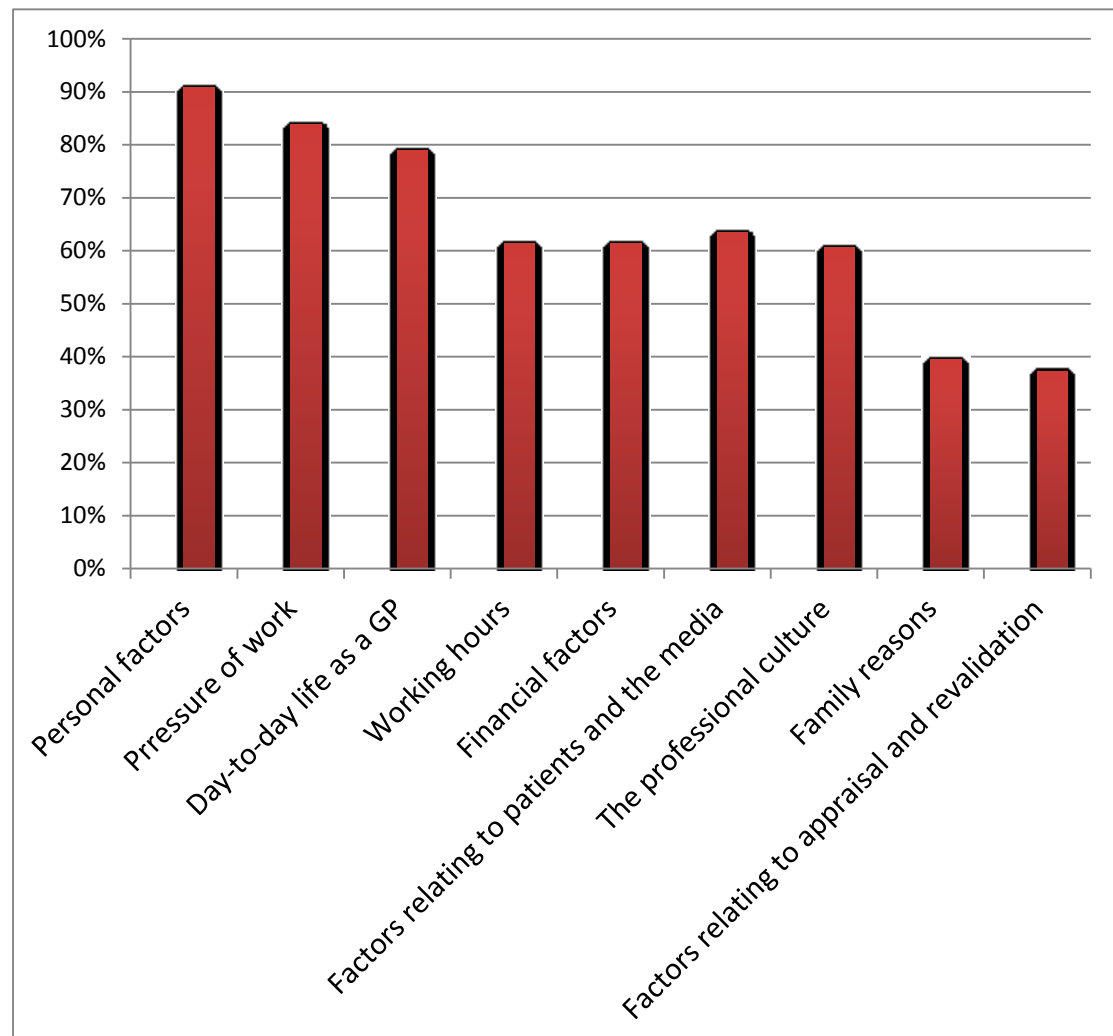


Figure 4. Percentage of respondents ticking at least one statement in each main category of reasons for leaving.

Reasons for leaving: thematic analysis of free-text responses

Common themes across all questions

Health problems

- stress / burn out / mental and physical exhaustion / cancer etc.
 - *"self preservation"*

Organisational issues

- guidelines / targets / penalties vs. lack of resources / support

Financial issues

- falling income but increased workload
 - *"Money was never a huge driver for me, but I did feel falling income with an increased workload was indefensible"*

Workload

- intensive / increasing / reduced opportunities to interact with colleagues/ incompatible with family life
 - *"I spent as much time on patient care as QOF and other paperwork that didn't directly benefit patient care, add in the GP home visit rate (and expectation) which is unbelievably high compared to other countries but a massive drain on GP time"*

Patient's attitudes

- high expectations / fear of complaint – all cause stress;
 - *"The GMC/PCTs/patients expectations are totally unrealistic given the limited resources available. I was having to work harder and harder for longer and longer everyday and even then patients were unhappy. The PCTs general policy is that the patient is always right and to GP is guilty until proven otherwise"*

Negative public & media perception of GPs

- *"The media is very anti- GP in the UK, which is demoralising"*
- *"The national attacks on the profession were politically motivated and unjustified"*

Professional culture

- less patient care / problems with colleagues
 - *"Not enough investment in providing quality service (doctor time needed and only way to finance that was by me giving personal time with no reimbursement - partners not happy to 'dilute' workload by sharing profits with another partner"*
 - *"Ridiculous pressure from government driven demands - driving up expectations whilst driving down expenditure - 7 years of pay cuts, increased pension, appalling service from secondary care."*

New career direction

Moving abroad

Loving the job

- 6/28 wrote that they loved / enjoyed general practice (6/28)
 - *"I really need the money and am devastated I am unable to return to the job I love"*

Unusual reasons for leaving

- the pressure of being the only female in a practice with large demand from an immigrant female population
- being asked to resign
- taking time out to reflect
- pursuing a life-long hobby

What the early leavers are doing now

Do you do any medical work now?

Total respondents reaching this part of the survey: 141

Yes	89 (63.1%)
No	40 (28.4%)
Not answered	2 (1.4%)

Working as a GP

Total respondents reaching this part of the survey: 141

Table 21. Working as a GP

Reason	Number (per cent)
Total selecting a reason in this category	56 (39.7)
I work as a GP in another part of the UK	2 (1.4)
I work as a GP in another part of the EU	7 (5.0)
I work as a GP outside the EU	46 (32.6)

Medical work, but not as a GP

Total respondents reaching this part of the survey: 141

Table 22. Medical work, but not as a GP

Reason	Number (per cent)
Total selecting a reason in this category	41 (29.1)
I work in secondary care	13 (9.2)
I work for a university	5 (3.5)
I do other medical work in England, but outside the NHS	5 (3.5)
I work in another branch of community care (e.g. public health)	3 (2.1)
I work in primary or secondary care, but not as a clinician	2 (1.4)
I work for a Clinical Commissioning Group	2 (1.4)

I work for one of the medical indemnity organisations or do other medico-legal work	1 (0.7)
I am a medical writer	1 (0.7)
I work for a Postgraduate Deanery	1 (0.7)
I do sports medicine	1 (0.7)
I work for the BMA	0
I am a medical researcher	0
I work for a pharmaceutical company	1 (0.7)
Other [free-text entries]	16 (13.4)

Non-medical careers, caring and leisure

Total respondents reaching this part of the survey: 138

Table 23. Non-medical careers, caring and leisure

Reason	Number (per cent)
Total selecting a reason in these categories	68 (49.3)
I run my own business/am freelance	9 (6.5)
I am training for another career	8 (5.8)
I am an employee in a non-medical business	2 (1.4)
Other non-medical careers [free-text entries]	10 (7.2)
I am a full-time parent	13 (9.4)
I care for other family members or friends	11 (8.0)
Other caring [free-text entries]	8 (5.8)
I spend a lot of time on sports, hobbies or other non-medical interests	26 (18.8)
I do voluntary work	12 (8.7)
I retired early voluntarily	9 (6.5)
I retired early on medical grounds	6 (4.3)
Other leisure [free-text entries]	5 (3.6)

Other careers: summary of free-text responses

- Medical / NHS management
- Medical education
- Research / academic
- Medical work in civil service and tribunal service
- Medical missionary
- Commissioning
- Private sector
- Clinical informatics
- Disability analyst and medical expert
- Lecturer at a medical school
- Medical officer abroad
- Hospice work
- Public health trainee
- Medical member Social Security and Child Support

Barriers to returning to work as a GP in England

Is there anything putting you off or stopping you returning to work as a GP in England?

Total respondents reaching this part of the survey: 138

Yes	119 (86.2%)
No, or not applicable	19 (13.8%)
Not answered	0

No barriers

Total respondents reaching this part of the survey: 137

Table 24. No barriers

Reason	Number (per cent)
Total selecting a reason in this category	15 (10.9)
I am not planning to go back to being a GP because I'm happy with what I'm doing now	6 (4.4)
Not applicable, as I live outside England and have no immediate plans to return	5 (3.6)
I am actively planning my return to work in general practice	1 (0.7)
I plan to return to general practice at some stage, but I haven't yet looked into it	2 (1.5)
Other [free-text entries]	1 (0.7)

Changes in GP work, loss of skills, concerns about life as a GP

Total respondents reaching this part of the survey: 134

Table 25. Changes in GP work, loss of skills, concerns about life as a GP

Reason	Number (per cent)
Total selecting a reason in these categories	109 (81.3)

I am put off by the continual organisational changes in the NHS	79 (59.0)
GP work is too different to how it was when I left it	10 (7.5)
I am put off by the rapid rate of change of clinical work	0
Other [free-text entries]	10 (7.5)
I feel rusty and out-of-date and it will be too difficult for me to catch up	19 (14.2)
I have lost my confidence to practice as a GP again	18 (13.4)
I think there is a prejudice against doctors who have been out of work for a while	18 (13.4)
I've lost contact with my peers	9 (6.7)
Other [free-text entries]	3 (2.2)
I'm worried about the high workload and pressure of work	70 (52.2)
The GPs that I know don't seem very happy in their work	66 (49.3)
Life as a GP hasn't improved since I left practice, so there is no point in going back to it	56 (41.8)
The idea of working extended hours and possibly having to work out-of-hours is too daunting	53 (39.6)
I don't like the way that the NHS has changed over the past few years	52 (38.8)
Modern practice involves too much box-ticking and administrative work	51 (38.1)
I'm worried about having to do annual NHS appraisals and getting revalidated	36 (26.9)
The hours are too inflexible	25 (18.7)
I wouldn't be able to find the sort of GP work that I want	22 (16.4)
Other [free-text entries]	17 (12.7)

Are there any factors relating to the Induction and Refresher (I&R) scheme that are acting as barriers to your return to work as a GP?

Total respondents reaching this part of the survey: 133

Yes 41 (30.8%)

No, or not applicable 64 (48.1%)

Not answered

28 (21.1%)

Factors relating to the Induction and Refresher scheme

Total respondents reaching this part of the survey: 131

Table 26. Factors relating to the Induction and Refresher scheme

Reason	Number (per cent)
Total selecting a reason in this category	41 (31.3)
In my area, doctors on the I&R scheme don't get paid and I can't afford to work for free	22 (16.8)
There are just too many hoops for me to jump through	19 (14.5)
Going through the I&R scheme means taking an examination, and I just don't want to do that	17 (13.0)
The entry requirements for the Induction and Refresher scheme are too difficult/daunting	16 (12.2)
I don't really know what I need to do to get back into practice	13 (9.9)
I've been working as a GP outside the EU and don't feel I should have to go through a formal I&R scheme	13 (9.9)
The I&R scheme means me being supervised for too long	13 (9.9)
In my area, doctors on the I&R scheme do get paid, but not enough for it to be worthwhile	4 (3.1)
I would like to join the I&R scheme, but there aren't enough places locally	2 (1.5)
I would like to join the I&R scheme, but I can't find a suitable or convenient practice to take me on	2 (1.5)
I applied for the I&R scheme, but I wasn't able to get onto it	0
Other [free-text entries]	9 (6.9)

Family and financial factors

Total respondents reaching this part of the survey: 128

Table 27. Family factors and financial aspects

Reason	Number (per cent)
Total selecting a reason in these categories	59 (46.1)
In principle I'd like to go back to being a GP, but my family takes priority	17 (13.3)
I'd planned to go back to working as a GP, but my circumstances have changed	8 (6.3)
Other (please specify)	9 (7.0)
I wouldn't earn enough as a GP to make it worthwhile	23 (18.0)
In principle I'd like to go back to being a GP, but we have enough of an income for it not to be worthwhile	17 (13.3)
Other (please specify)	13 (10.2)

Overview of barriers to return

Figure 5 compares the proportion of respondents ticking at least one statement in each main category of barriers to returning to work as a GP in England.

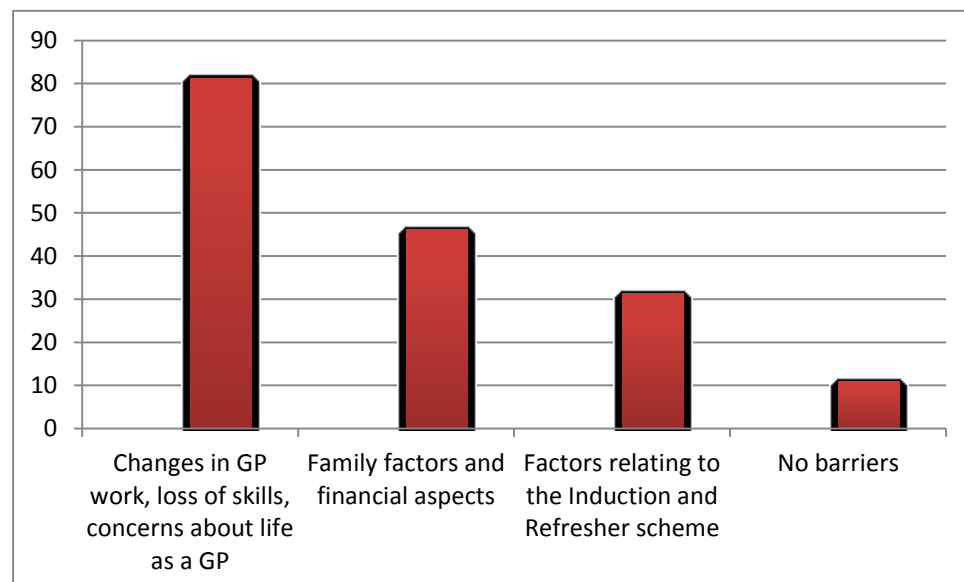


Figure 5. Percentage of respondents ticking at least one statement in each main category of barriers to return to work as GP in England.

Final open-ended questions

Total respondents completing this part of the survey: 120

Table 28. Final open-ended questions

Reason	Number (per cent)
Total commenting in this category	109 (90.8)
What, if anything, would have stopped you leaving work as a GP in England? [number of free-text entries]	99 (82.5)
What changes, if any, would help you to start work as a GP again? [number of free-text entries]	79 (65.8)
Is there anything else that you would like tell us about? [number of free-text entries]	62 (51.7)

What would have stopped GPs from leaving work as a GP in England? Thematic analysis of free-text responses

Increased:

- Clinical autonomy
- Respect
- Team work
- Appreciation from patients and media
- Support from PCT
- Resources
- Patient consultation times
- Flexibility
- Access to returner scheme
- Funding for returner scheme
- Pay

Improved:

- Work life balance
- Clear and achievable pathway back into work after 5 year absence
- Policy for GPs to be able to report patients that behave unreasonably
- *“Happier colleagues, better hours and a more robust system which protects and cares for the people who work within it”*

Improved support:

- From BMA – standing up to Government *“(If BMA) represented its members rather than the cocktail set”*
- practical support with complex mental health patients
- Better practical support for working carers
- More supportive mentor / Deanery
- More supportive partners
- more support as a "first 5" GP
- From PCT to keep practice under 1 roof / premises

Reduced:

- Workload – relentless demand
- Political interference
- Box ticking
- Professional isolation
- Target driven culture
- Bureaucracy
- Media criticism
- Malicious, untrue complaints
- Isolation
- *“A change away from the target driven culture and a more realistic workload”.*
- *“Clearer organisation of services, better support from colleagues within other services, like mental health, less pressure from CCGs to not make noise about problems within the services. Clearer info about pension implications and tax”*
- *“A way to control the relentless demand, lack of control over the working day and the encroachment of non clinical paperwork into all my spare time. Also the diminishing financial returns being curtailed”*

Barriers to return: thematic analysis of free-text responses

Retainer scheme

- Unable to join the scheme / Practices not adopting the scheme (not worthwhile)
- Wished to continue scheme for longer than allowed
- Too much forced assessment and examination
- *“I was a retainer but you still work long hours & come home shattered”*

Revalidation

- Workload too high – time to document / e-portfolio / reflect on learning
- For part-time GPs - work load involved in preparation is disproportionately high – hard to collect all CPD required
- Revalidation + GMC Fitness to Practice rules punitive
 - *“Prioritises box ticking reaccreditation over patient care”*
 - *“Having to document the learning that I was already doing prior to the advent of appraisal - took all the joy of learning away!”*
- Conflicting advice
- Lack of support - unsupported to revalidate after time abroad or extended sick leave
- Appraisal – disappointing / used as threat

Induction and Refresher

- Requirements unclear due to frequent organisational changes
- Unpaid + cost of paying supervisor and indemnity
- Duration – 2 year commitment to PCT
- Exams
- Not encouraging – negative
 - *“expensive, time consuming beaurocratic hassle”*

Health

- PTSD
- Medical condition has affected cognitive function
- Health of family members especially children and parents

Financial aspects

- Prefer early pension
- Retraining too expensive / not financial viable
- Earning more for less work abroad
- Imbalance of income and hours worked in UK
- Would rather earn less and be happy
 - *“I am earning about half my previous salary now, but it is worth it to escape the unhappiness in general practice”*

Leisure / family

- Less on this except for a single parent with 2 x SEN kids
 - *“I found UK general practice to be inflexible with working hours. It suits the 1950's man with a wife at home, not a mum who is trying to juggle family and work responsibilities”*

Changes that would help doctors to start work as GPs again: thematic analysis of free-text responses

Nothing / none / never again ...

- 17 /77 (22%)
 - *"None - I could not contemplate it"*
 - *"No chance"*

Changes to I&R scheme

- Fewer hours per week on the I&R scheme
- Well organised, fairly paid refresher
- Make return easier and transparent
- Do away with the I&R scheme
- Paid year of retraining
- Onerous returner scheme
- Comprehensive update at the local PGEC with a period of mentoring would be sufficient
- Acceptance of medical experience / skills gained in other medical areas
- Clinical skills assessment instead of appraisal
- Disgraced struck off doctors allowed to return but under strict conditions/supervision
 - *"A greater understanding that if you've been doing medicine in another capacity during your time out of GP, then you shouldn't have to go through the same scheme and such long amount of supervision as someone who's had 10 yrs out of GP and not done any medicine in that time."*
 - *"Adequate resources to enable me to return to a job which I have always loved and prided myself in providing a personal, caring, professional, competent, and efficient service"*

Financial

- Pensions
- Not having to pay indemnity insurance
- Higher pay / maintaining pay

Working conditions

- Longer appointments
- Better working hours
- Fewer targets, more autonomy
- Less paperwork
- More support
- Choice to work at the 'nurse practitioner' level for doctors

Patients

- Patients taking more responsibility
- More patient involvement – not just through complaint
- Limits for patients on the amount of referrals / treatment that they can demand
- Patients need to realise that GPs are humans, not machines

Organisational

- Less national political “nonsense”
- Major changes to the NHS / privatise NHS
 - *“Can't really see what they can do to persuade me to work in that environment again - it is only going to get worse!”*
 - *“I value my professional skills and values until the government is willing to do so I have walked with my feet”*

“Is there anything else that you would like to tell us about?” Common themes

Patients

- *“I feel it would be appropriate to introduce fines for missing appointments, and very low prescription charges for everyone, irrespective of means testing. This would improve attendance, and appreciation of the service rather than wastage of public money. People do not appreciate something that they get for free, including a GP's time.”*
- *“The whole focus is about the patient, maybe someone in the RCGP should focus on the poor burnt out GPs. I would have died of a premature cardiac event if I continued to work in UK GP land”*
- *Everyone's unhappy, patients as well as doctors, with the way things are, no time for what matters and lots of time for the politically correct agenda”*
- *[In Switzerland] the patients are grateful for what you do, rarely complain, and are open to reasonable explanation for small issues that may have affected their care”*
- *“General practice has lost its patient focus”*
- *“UK population do not understand how lucky they are to have the NHS and the service they get from primary and secondary care is amazing compared to what I see in Australia”*

Time-bomb / change needed:

- *"I am not alone: I know MANY GP friends and colleagues of my generation who are struggling to continue as GPs due to the reasons I have stated. The UK is sitting on a time bomb re GP exodus and recruitment"*
- *"[If no change] the country will lose so many of its brightest doctors and a tsunami of clinical need will drown secondary care. And at the end of the day patients will suffer, as they are doing already in certain sectors of secondary care".*

Difficulty returning to GP

- *"I felt there was no support for me whilst I was ill. No warning I would be asked to resign from the practitioner's list, or what the implications of this would be. Then as revalidation was introduced, I was forced to give up my license due to inability to demonstrate 5 years of clinical practice. The GMC offer no careers advice in relation to this. Now I am well enough to work, without a place on the practitioner's list or a medical license, a maelstrom of red tape to reinstate them, and an onerous and non-funded I+R scheme (which the local deanery shows little interest in for financial reasons), I feel my medical degree and post graduate qualification is worthless. I am trained for a career which I am prevented from pursuing. I am devastated"*
- *"There is no incentive for me to return to clinical practice now I have had to relinquish my licence to practice. I feel the system is completely short-sighted if it is happy to lose a good GP through lack of support and funding for a returner scheme".*

Criticism of the profession

- *"Stop producing more and more organisations to criticise GPs. ie GMC, CQC, inspector of GP, media!"*
- *"The media needs to promote what we have and stop knocking it and then the profession could move forward."*

Other

- Betrayal – pension changed/"stolen"
- Regret – entering medicine
- Frustrating lack of career structure and contracts for medical managers
- Keep occupational health service for GPs
- Encourage psychological supervision, in work time, in GP culture
- So much happier out of UK GP – better working conditions and less stress
- *"Influx of refugees and asylum seekers in my area meant more aggression and violence"*
- *"Not that I ever had a problem with appraisal or revalidation - I just do not believe there is any evidence at all that they improve medical care".*

Interim interview results

Of the 121 valid survey respondents at the time of starting interview recruitment, 40 (33.1%) ticked the box; "I am happy to be contacted with more information about a possible telephone interview by a researcher".

At the time of writing this interim report, 25 had responded further and 17 out of the planned 20 interviews had been completed.

A preliminary thematic analysis of 10 of these transcripts is presented here.

Preliminary themes from first ten interviews

Master themes numbered; sub themes as bullet points

1 Changing role of GP and its impact

- More patient demand
- Changing expectations
- Challenges maintaining patient quality care
- "Tick box" culture (numbers "game" versus quality patient care)
- Medical legal issues (fear of litigation: practising defensively)
- Increased workload
- Professional autonomy under threat
- Advocacy (GP role as patient advocate feels compromised)

Sample quote, GP6: "A lot of GP meetings that I used to go to they used to go on about "boiling frogs" and they said they keep on increasing the workload on GPs who are adapting to the point where they all crack and then say "That's it, I've had enough!"

2 Organisational changes and its impact

- Extended Hours
- QOF (mixed feelings)
- From professional autonomy to "QOF monkeys"
- Cost cutting at expense of patient care
- Fragmentation in patient care (across primary and secondary care)
- Negative impact on continuity of care and ability to practice holistic patient care
- Reduced to "service provision role"

Sample quote, GP6: "District Nursing Services got revamped and you seem to end up with fewer district nursing hours and the Mental Health Services got revamped [...] Changes were made not solely to improve patient care but I think a lot of it was cost-cutting and it was always sort of disguised as "we are revamping the service."

3 Measures taken to cope

- Going part time
- Relocating
- Taking on other roles
- Early retirement on medical grounds

Sample quote GP4: *"Working part-time was quite hard, and I think that's not an easy thing to manage at all on any level because you're not there half the week, but you're often expected to be by your patients, so their expectations were quite high."*

4 Job satisfaction

- Feel no longer giving good service/impact on job satisfaction
- Lack of continuity of care impacting doctor/patient relationship and job satisfaction
- Low job satisfaction leading to increased anxiety /feeling overwhelmed/dread/burnout
- No control over workload
- Clash of values GP versus system
- Less patient centred
- No flexibility
- Less time
- Feeling ill prepared for business side of being a GP
- Feeling isolated

Sample quote GP6: *"It was just lack of job satisfaction; I just didn't feel – I was getting no satisfaction out of the job at all. I felt I was cutting corners, I felt I wasn't offering a good service unfortunately. The test is would I want a family member to be treated this way and I thought no, I wouldn't really. I think I got fed up with it all really."*

5 Quality of life; work/life balance

- Quality of life versus income
- Relocating abroad
- Comparison between UK General Practice and working abroad (Australia/Canada/New Zealand)

Sample quote GP6: *"Personally I would have always gone for having more doctors and maintaining income or going for better quality of life rather than going for the income side of it"*

6 Support

- Feeling isolated
- Lack of support (colleagues, wider systems level – NHS, government, other professional bodies)
- Feeling let down by system/other professional bodies (not acting as advocate for GP within wider system)
- Good support/poor support among colleagues
- Lack of support from “on high” within system
- Feeling undervalued
- No funding for increased workload (e.g. to support influx of asylum seekers and refugee population with complex health needs)

Sample quote GP4: GP4 *"I think if I'd had a different support network around me, it might not have got that bad."*

7 Partnership issues - Conflicts over workload distribution/what to prioritise

- Conflicts over funding
- Conflicts negotiating more flexible hours/taking on other roles
- Conflicts over personal ill health/managing health issue in workplace
- Bullying/constructive dismissal
- Isolated
- Clash of practice partner interests /Inability to see prospects for career progression or ability to combine partnership with other external roles

Sample quote GP7: *"Trying to push me to have smaller percentage share and do more work. You know, trying to force me to do more things that I don't want to do. So I've always had to watch my back in that practice. I mean, dysfunction is its middle name in terms of the partners."*

8 Feeling isolated

- Anxiety
- Managing risk
- Fear of making mistakes

Sample quote GP1: *"most of the time it was okay but you know there's always some people that you would worry about thinking ... or you know, had a diagnosis that was unexpected and you always worry, you know, is there something I could have done wrong and you can often feel quite isolated even though you're in a group practice, actually you just see patients on your own and you often see the same ones so you don't see anybody else"*

9 Expectations

- Job not meeting prior expectations
- Continuity of patient care not as expected
- Did not meet expectations in terms of scope to expand career
- Did not expect to feel so isolated once in practice

Sample quote GP3: *"being able to get to know patients and follow them through, that's where it really fell short"*

10 Media portrayal

- Negative media betrayal/impact on morale/job satisfaction
- Fear of 'political spin'

Sample quote GP3: *"I was very conscious of the negative image of general practice in the media and I found it quite stressful"*

11 Ill-health

- Loss of confidence
- Lack of support
- Bullying/unfair constructive dismissal
- Loss of professional status
- Doctor as patient
- Stress/burnout

Sample quote GP2: *"Yeah, I mean you lose the, your status, you lose your friendships that, and your colleagues and things and also you miss the patients, but that, there's nobody to talk about it."*

12 Stresses inherent in going part time; feeling rusty

- Patient safety/fear of making mistakes
- Professional anxiety
- Administration/ constantly "playing catch up"
- Common perception that part-time is really full-time, and full-time is equivalent to two jobs

Sample quote GP4: *"Names of drugs were changing, everything seemed to just be changing. As a part-time GP, it's very difficult to keep on top of that because things seemed to literally change from one week to the next."*

13 NHS appraisals

- Entry requirements/ assessments - Feeling vital opportunity was being missed to more fully participate in career progression, feelings of dread/having to prove competency, undermining professional autonomy.

Sample quote GP4: *"I think it's rubbish and it's another reason why it made it easy for me to leave. The appraisal is a bit of a tick-box exercise, it doesn't really achieve very much ... I don't want to have to keep proving that I am good at my job just because a few people don't do a very good job, and that's how I felt about it."*

14 I & R Scheme

- Feeling undervalued e.g. when individual circumstances not taken into consideration such as returning from having worked as GP abroad
- Seen as threatening
- "Felt onerous"
- Costly (in terms of time and money)

Sample quote GP5: *"It just makes me feel undervalued, you know it's not like I'm not doing the job out here, it's not like I've been out of work not doing general practice all that time so just makes me feel quite undervalued and makes me feel quite negative about bothering"*

Appendix 1. Findings of survey of SoPC colleagues

Why do you think doctors leave their GP careers early?

Professional culture

- Morale low
- Pressure
- Too demanding
- Increasing patient expectations
- Changes to GP role (more paperwork/less patient time)
- Loss of autonomy and professional control
- Partners not prepared to take a cut in income to relieve pressure
- Lack of professional support

Personal factors

- Stress
- Overworked
- Other life factors more important
- Can get other well paid jobs with less stress
- Too much stress
- Lack of enjoyment
- Poor work/life balance
- Significant events, complaints
- Feeling isolated

Disappointed and disillusioned

- With workload
- Disillusionment with medical work
- Boredom
- Demoralised with NHS
- Dispirited with changes to GP role
- Low morale
- Training didn't prepare for the reality of GP work

Patients / Public

- Unreasonable public
- Litigation
- Raised and unrealistic patient and media expectations.
- Increasing expectations of patients.
- Excessive demands from patients and their relatives that have become increasingly aggressive

Media

- Negative comments from government / media comments on profession / NHS
- Negative coverage in the press
- Blame culture
- Daily Mail propaganda
- Doctor bashing in the media
- Raised and unrealistic patient and media expectations.

Change in career direction

- Change speciality
- Change profession
- Try career outside medicine
- Just wanting a change
- Wasn't doctor's first choice of speciality
- Regret choosing GP as a career

To go abroad

- Non-professional reasons
- Decision to leave UK because of disenchantment with the lifestyle/culture
- Decision to leave UK because of commitment to developing world / job opportunities overseas / better lifestyle

What do you think early leavers are doing instead of their GP work?

Having / raising families

- Looking after young children
- Full time caring responsibilities

Other medical work

- Hospital work
- Para-medical work
- Public health
- Psychiatry
- OOH work
- Portfolio work
- Sports Medicine
- Pharma

Voluntary work

- Other community work

Research

- University work
- Academia

Not Working

- Relying on partner's income
- Retiring early
- Enjoying hobbies
- Enjoying leisure time

Working abroad

Non-medical careers

- Administrative
- Writing
- Business, corporate
- Consultancy/management

Re-training

- Learning new skills

Education

- Teaching

What do you think the barriers are to early leavers returning to work as GPs?

Confidence

- Loss of skills/confidence

Change

- Rapid rate of change of practice and the organisation of the NHS
- Health service changes
- Quickly become rusty and out of date
- Attitude to changes to NHS - CCG's
- Too much change too fast so that by the time they consider coming back it all looks dauntingly different
- Rapidly feel out of date because of the constant changes to contract.
- Catching up with the latest knowledge

Retraining requirements

- Requirements for the I&R scheme
- Need for retraining / examinations after relatively short periods away
- Revalidation, the need for refresher training
- Lengthy reassessment
- Worried won't pass the assessment

Salary / Funding

- Lack of a salary for placements in the I&R programme.
- No funding for retraining
- GPs are likely to have to fund their own return and this must be a significant barrier.
- Need to retrain at their own expense when GPs now earn less than previously
- Cost of the returner schemes

Revalidation

- Current restrictions on returning to the performers list
- Revalidations
- Lack of returner schemes,

Family

- The need to be perfect parents
- Good spouse incomes

Difficulties getting back in

- No recognition of equivalent experience e.g. work in Canada/Australia/NZ
- No simple way back in
- Too many hoops to jump through

Lack of adequate retraining programme

- The returners scheme
- Limited access to retainer scheme
- Diminishing availability of retainer scheme
- Bureaucracy (appraisal/revalidation)

Workload / GP culture

- Fear of workload again
- The, annual appraisals, the 11 hour days, the need to be involved in the bureaucracy of GP work,
- Perception of the work being the same as when they left.
- No change to working conditions
- The sheer bureaucracy, workload and culture of blame ethos that permeates clinical work
- The situation not changing! so what is the incentive for return?

No desire to return

- Enjoying alternatives more
- Find more fulfilling work

Other

- Reluctance of GP practices to take them on, inflexibility of hours.
- The poor morale of those in the workforce
- Low motivation to return
- Stigma; not able to get jobs having taken time out which works against them when applying
- Availability of work pattern/location to suit requirements
- Flexibility
- Support to maintain a few sessions in practices (not necessarily training practices, but 'supported' practice).
- Loss of contact with peers

Appendix 2. GP Early Leavers on-line survey, final version

About this survey

Thank you for participating in this survey, which is for doctors who left the English Medical Performers List for GPs before the normal retirement age.

The survey has been commissioned by NHS England and Health Education England. It is being administered by researchers from the University of Bath and the Severn School of Primary Care.

For further information, including an information sheet for participants, please click here: gppro.co.uk/gpstudy/home.htm

Section 1 of 5: Background information

This general information will help us put your answers into perspective.

How old are you?

- under 30
- 30-34
- 35-39
- 40-44
- 45-49
- 50-54
- over 54

What is your gender?

- Female
- Male

Where did you graduate as a doctor?

- The United Kingdom
- Another country in the EU
- Outside the EU

In which year did you graduate as a doctor?

- [1980 or before to 2010 and since]

In which year did you get the right to practise as a general practitioner in the UK? (This may be the year that you finished your GP training.)

- [1980 or before to 2010 and since]

For how many years did you work as a GP in England? Please exclude any significant amount of time out, for instance for travel or childcare.

- [1 to 30 or more years]

In your final year of work as a GP in England, on average how many sessions (half days) per week did you work as a GP?

- 1 or 2
- 3 or 4
- 5 to 7
- 8 or more

Where do you live now?

- England
- Northern Ireland, Wales or Scotland
- Another country in the EU
- Outside the EU

Section 2 of 5: Moved away from England

If you left general practice in England because you moved away, please tell us why.

- I moved to Wales, Northern Ireland or Scotland to work there as a GP.
- I moved to Wales, Northern Ireland or Scotland for other medical work.
- I moved to Wales, Northern Ireland or Scotland for other reasons.
- I moved outside the United Kingdom to work there as a GP.
- I moved outside the United Kingdom for other medical work.
- I moved outside the United Kingdom for other reasons.
- If you live outside the United Kingdom, please let us know where.

Section 2 of 5: Change in career direction, family reasons and personal factor

Why did you stop being a GP in England?

These pages in the survey list possible reasons that you may have stopped working as a GP in England.

For these and the questions on the following pages, please tick as many as are relevant to you, or you can leave all of them unticked. Add other reasons, or comment on your choice of reasons, in the “Other” boxes.

Change in career direction

- I wanted to change to a different speciality
- I wanted to change to non-medical employment
- Other (please specify)

Family reasons

- Childcare was more important to me than working as a GP.
- I would have liked to continue as a GP but the working hours were incompatible with looking after my family.
- I would have liked to continue in practice, but I couldn't get childcare.
- I had to prioritise caring for a friend/family member who was frail or unwell.
- Other (please specify)

Personal factors

- I wanted to improve my work/life balance
- I no longer enjoyed being a GP
- I felt overworked
- I could get other jobs with similar reimbursement but that are less stressful
- I was too unwell to continue work
- The work was too stressful I was getting burnt out
- The Primary Care Trust removed me from the Medical Performers' List
- The General Medical Council suspended me from practice or removed me from the medical register
- Other (please specify)

Section 2 of 5: Experience of life as a GP

Please tick as many as are relevant to you, or you can leave all of them unticked. Add other reasons, or comment on your choice of reasons, in the "Other" boxes.

Day-to-day life as a GP

- General practice hadn't been my first choice of speciality
- I regretted having chosen general practice for my medical career
- My GP training hadn't prepared me for the reality of life as a GP I was bored in my work as a GP
- I was disillusioned with GP work
- I was unhappy with changes to the role of the GP
- I was demoralised by the changes in the NHS
- Other (please specify)

Financial factors

- The remuneration wasn't enough for the amount of work that I was doing
- My income was falling
- I felt that my NHS pension was under threat
- Premiums for medical indemnity cover were too high
- I had already reached my life-time pension allowance
- My partner's/spouse's income was high enough for me not to need to work
- Other (please specify)

Factors relating to patients and the media

- I had had one or more unreasonable complaints about me
- I was concerned about, or had experienced, litigation
- The expectations of my patients were too high
- The expectations of the general public and media were unreasonable
- I had experienced aggressive or violent patients/relatives
- I didn't like the media's attacks on the medical profession
- Other (please specify)

Working hours

- My working hours were too long

- My work schedule was incompatible with doing other things that were more important to me
- I didn't want to work the required additional hours (e.g. 'extended hours')
- Other (please specify)

Section 2 of 5: Experience of life as a GP, continued

Pressure of work

- The non-clinical workload was too high
- The workload was unreasonably intense
- The work was becoming too complex
- I didn't like the target-driven approach to patient care
- The goalposts were being moved too often
- Other (please specify)

The professional culture

- I felt a loss of autonomy and professional control I had colleagues that I no longer felt able to work with
- I was being bullied at work
- I felt isolated
- I felt isolated and lacked professional support
- My GP colleagues were making unreasonable demands
- I wanted to change my employment status (e.g. to an assistant, locum or principal) but was unable to do so
- Other (please specify)

Were there any factors relating to the Retainer Scheme or to revalidation and appraisal that affected your decision to leave General Practice?

- Yes
- No

Section 2 of 5: Factors relating to the Retainer Scheme, appraisal and revalidation

Please tick as many as are relevant to you, or you can leave all of them unticked. Add other reasons, or comment on your choice of reasons, in the "Other" boxes.

Factors relating to the Retainer scheme (The aim of the Retainer Scheme is to preserve the skills of doctors who wish to avoid complete career breaks by reducing their clinical commitment and workload while working in a supportive environment.)

- I wanted to work as a Retainer but no such posts were available
- I wanted to work as a Retainer but wasn't allowed to
- I wanted to work as a Retainer but couldn't find a post that suited me (please explain why in the 'Other' box)
- Other (please specify)

Concerns about appraisal and revalidation

- I was put off by the need for revalidation
- The workload required for my yearly NHS appraisal was too high

- I had difficulty getting sufficient hours of CPD (continuing professional development)
- Other (please specify)

Section 3 of 5: What do you do now?

These pages are about possible things that you may be doing now.

Do you do any medical work now?

- Yes
- No

Section 3 of 5: Current medical work

Please tick as many as are relevant to you. Add other work, or comment on your answers, in the “Other” boxes.

Working as a GP

- I work as a GP in England
- I work as a GP in another part of the UK
- I work as a GP in another part of the EU
- I work as a GP outside the EU
- If you are working as a GP outside England, please let us know where.

Medical work, but not as a GP

- I work in another branch of community care (e.g. public health) I work for a Clinical Commissioning Group
- I work for a Postgraduate Deanery I work in secondary care
- I do sports medicine I work for a university
- I work for the BMA
- I work for one of the medical indemnity organisations or do other medico-legal work
- I am a medical writer
- I am a medical researcher
- I work for a pharmaceutical company
- I do other medical work in England, but outside the NHS I work in primary or secondary care, but not as a clinician
- Other (please specify)

Section 3 of 5: Non-medical careers, caring and leisure

Please tick any of these that apply to you. Add anything that we have missed, or any comments, in the “Other” boxes.

Non-medical careers

- I run my own business/am freelance
- I am an employee in a non-medical business
- I am training for another career
- Other (please specify)

Caring

- I am having a family/I am a full-time parent

- I care for other family members or friends
- Other (please specify)

Leisure

- I do voluntary work
- I retired early voluntarily
- I retired early on medical grounds
- I spend a lot of time on sports, hobbies or other non-medical interests
- Other (please specify)

Section 4 of 5: What, if any, are the barriers to your return to work as a GP in England?

Is there anything putting you off or stopping you returning to work as a GP in England?

- Yes
- No, or not applicable

Section 4 of 5: No barriers

Please tick any of these that apply to you. You can tick as many as you like. Add anything that we have missed, or any comments, in the “Other” boxes.

No barriers

- I have already gone back to working as a GP
- I am actively planning my return to work in general practice
- I plan to return to general practice at some stage, but I haven’t yet looked into it
- I am not planning to go back to being a GP because I’m happy with what I’m doing now
- Not applicable, as I live outside England and have no immediate plans to return
- Other (please specify)

Section 4 of 5: Concerns about life as a GP

Please tick any of these that apply to you. You can tick as many as you like. Add anything that we have missed, or any comments, in the “Other” boxes.

Changes in GP work since you were last in practice

- I am put off by the rapid rate of change of clinical work
- I am put off by the continual organisational changes in the NHS
- GP work is too different to how it was when I left it
- Other (please specify)

Loss of confidence or skills

- I feel rusty and out-of-date and it will be too difficult for me to catch up
- I have lost my confidence to practice as a GP again
- I think there is a prejudice against doctors who have been out of work for a while
- I’ve lost contact with my peers
- Other (please specify)

Concerns about life as a GP

- I’m worried about the high workload and pressure of work

- The hours are too inflexible
- The idea of working extended hours and possibly having to work out-of-hours is too daunting
- Modern practice involves too much box-ticking and administrative work
- I don't like the way that the NHS has changed over the past few years
- Life as a GP hasn't improved since I left practice, so there is no point in going back to it
- I wouldn't be able to find the sort of GP work that I want
- The GPs that I know don't seem very happy in their work
- I'm worried about having to do annual NHS appraisals and getting revalidated
- Other (please specify)

Are there any factors relating to the Induction and Refresher (I&R) scheme (previously known as the GP Returner scheme) that are acting as barriers to your return to work as a GP?

- Yes
- No

Section 4: The Induction and Refresher (I&R) scheme (previously known as the GP Returner scheme)

Please tick any of these that apply to you. Add anything that we have missed, or any comments, in the "Other" boxes.

The Induction and Refresher (I&R) scheme (previously known as the GP Returner scheme)

- I don't really know what I need to do to get back into practice
- The entry requirements for the Induction and Refresher scheme are too difficult/daunting
- Going through the I&R scheme means taking an examination, and I just don't want to do that
- I've been working as a GP outside the EU and don't feel I should have to go through a formal I&R scheme
- The I&R scheme means me being supervised for too long
- In my area, doctors on the I&R scheme don't get paid and I can't afford to work for free
- In my area, doctors on the I&R scheme do get paid, but not enough for it to be worthwhile
- There are just too many hoops for me to jump through
- I applied for the I&R scheme, but I wasn't able to get onto it
- I would like to join the I&R scheme, but there aren't enough places locally
- I would like to join the I&R scheme, but I can't find a suitable or convenient practice to take me on
- Other (please specify)

Section 4 of 5: Family factors and financial aspects

Please tick any of these that apply to you. Add anything that we have missed, or any comments, in the “Other” boxes.

Family factors

- In principle I'd like to go back to being a GP, but my family takes priority
- I'd planned to go back to working as a GP, but my circumstances have changed
- Other (please specify)

Financial aspects

- I wouldn't earn enough as a GP to make it worthwhile
- In principle I'd like to go back to being a GP, but we have enough of an income for it not to be worthwhile
- Other (please specify)

Final questions

What, if anything, would have stopped you leaving work as a GP in England?

- [free text]

What changes, if any, would help you to start work as a GP again?

- [free text]

Is there anything else that you would like tell us about?

- [free text]

Many thanks for having completed this survey. Would you like us to enter your name for the prize draw of £25 Amazon vouchers? If so, please tick here and give your name and email address below.

- Please enter me for the prize draw

We would like to do some telephone interviews with some GPs who have left practice. These will last about 45 minutes and would be at a time of your choosing. Would you be prepared for us to contact you to give you more information? If so, please tick this box and give your name and address or email address below so that we can send you more information.

Note that, if you do give your name here, your answers to this questionnaire will still be confidential and there is no obligation to agree to an interview.

- I am happy to be contacted with more information about a possible telephone interview by a researcher.

If you would like to be entered into the prize draw or to have more information about telephone interviews, please give your contact details here.

- Name
- E-mail address or other preferred contact method

Many thanks for having taken part in this survey.

If you know any other doctors who stopped being GPs in England in the last 5 years while below the normal retirement age, we would be very please to hear

from them as well. Please forward them the link to this survey:
<http://www.surveymonkey.com/s/GPleavers>.

Appendix 3. Covering letter from Head of Primary Care Commissioning NHS England and Chair, RCGP



Royal College of
General Practitioners



Royal College of General Practitioners
30 Euston Square
London NW1 2FB

Primary Care Commissioning
National Support Centre
NHS England

6 February 2014

Dear Doctor

We at the RCGP and NHS England are passionate about the value of high quality general practice. However, we are aware that many of our excellent GPs leave general practice well before the usual retirement age – in the last 10 years, half of the GPs that left the Medical Performers List were younger than 50.

Because of this, we are delighted that Dr Michael Harris and his research team at the University of Bath are running this independent survey to find out why GPs leave early and what they are doing now. Your answers to their questionnaire will help us plan how to retain future GPs in practice and support those that want to return after a career break. We urge you to take part – your answers will be listened to and will make a difference.

With best wishes

Yours faithfully

A handwritten signature in blue ink, appearing to read 'David Geddes'.

Dr David Geddes
GMC no. 3253722
Head of Primary Care Commissioning
NHS England

A handwritten signature in blue ink, appearing to read 'Maureen Baker'.

Dr Maureen Baker
Chair
Royal College of General
Practitioners

Appendix 4. Online survey invitation letter

Severn School of Primary Care
Deanery House
Unit D - Vantage Business Park
Old Gloucester Road
Bristol BS16 1GW
michaelharris681@btinternet.com



Claverton Down
Bath BA2 7AY
United Kingdom
Department for Health
F.Fox@bath.ac.uk

March 2014

A study into the reasons why doctors leave general practice

Dear Doctor,

We are writing to ask you to take part in a brief survey investigating the reasons why GPs leave practice early and the barriers to their return.

You have been contacted because we understand that you stopped being a GP in England in the last five years.

The Medical Performers' List (MPL) is a list of doctors who are eligible to work as GPs in the NHS. Data show that 50% of doctors who left the English MPL in the last 10 years were under the age of 50, and that very few of those that leave go back to being GPs at a later date. However, the reasons why GPs leave practice early, what they are doing now, or what the barriers are to their return are not clear. NHS England and Health Education Executive has asked our research team at the Severn School of Primary Care and the University of Bath to find the answers to these questions.

We hope that the results of this study will help to inform policy and practice on retaining GPs in practice and supporting their return after a career break.

To help with this, we would be very grateful if you would answer an online survey. It asks about your own reasons for having left English general practice and what barriers there are, if any, to your starting work as a GP again.

We enclose an information sheet about the study. Your survey response will be anonymous, although you can voluntarily provide us with your contact information if you wish to take part in further research in this area or if you want to be entered for the prize draw.

Your data will be anonymised and will remain confidential. No identifiable information will be given to NHS England, the RCGP or the Health Education Executive.

The survey will take 10-15 minutes to complete. As a "thank you" for having completed it, you can opt to be entered into our draw for £25 Amazon on-line gift vouchers.

The survey is at:

www.surveymonkey.com/s/GPleavers

Please get in touch with Michael on 01761 241366 or Fiona on 01761 479629 if you have any questions **or if you would prefer the survey in paper format.**

Best wishes,

Dr Michael Harris, Severn School of Primary Care

Dr Fiona Fox, University of Bath

Appendix 5. Participant information letter for online survey

A study into the reasons why doctors leave General Practice

You are being invited to take part in a research study. Before you decide whether or not to take part, it is important for you to understand why the research is being done and what it will involve. Please read the following information carefully. If there is anything that is not clear, or if you would like more information, please contact us. Take time to decide whether or not you wish to take part.

What is the purpose of the study?

This study aims to explore the factors causing GPs to leave practice early and the barriers to their return. The research team anticipates that the results will help to inform policy and practice regarding retaining GPs in practice and supporting their return after a career break.

Why have I been approached?

You have been approached as a search of the medical performers list indicates that you have not been active in General Practice in England for at least 2 years.

Do I have to take part?

It is up to you to decide whether or not to take part. If you do decide to take part you will be asked to complete a brief online survey.

What will happen to me if I take part?

Your involvement in the study will be completion of an online survey that we estimate will take 10-15 minutes of your time. You will be asked about your current occupational status, your reasons for having left GP practice and the barriers to your return to practice. You will be asked to choose responses that apply to you. There will be space if you wish to tell us about your personal experiences and views.

What are the possible benefits of taking part?

While there is unlikely to be any direct benefit to taking part in this research, some individuals value being able to report their experiences in a confidential setting. However, we hope that the results of this research will help to inform policy and practice regarding retaining GPs in practice and supporting their return after a career break.

What if I wish to make a complaint?

If you wish to complain or have any concerns about any aspect of the way you have been approached or treated during the course of this study, then Dr Michael Harris would be very happy to discuss this with you. In the event that this does not resolve your complaint then Anthony Curtis, Associate Postgraduate Dean for Research and Evaluation, Health Education South West is available to take the matter further. Their contact details are provided at the end of this document.

Will my taking part in this study be kept confidential?

Your survey response will be anonymous, although you can voluntarily provide us with your contact information if you wish to take part in further research in this area. Your data will be stored securely and, as it will be pooled together for analysis, it will remain confidential.

No identifiable information will be given to NHS England, the RCGP or the Health Education Executive. The only reason we might have to consider passing on confidential information without your permission would be to protect you or someone else from serious

harm, for example if serious malpractice was disclosed. In the unlikely event of this happening, we would contact you to discuss this first.

What will happen to the results of the research study?

Once the survey closes, the data will be pooled together in the analysis. When all the data have been analysed the results will be published in peer-reviewed journals, a written report and presentations. You can request to be sent an outline of the results.

Who is organising and funding the research?

The study is being organised by a group of researchers from the Severn School of Primary Care and the University of Bath. The research is funded by the Health Education Executive and NHS England.

Who has reviewed the study?

The study was reviewed for scientific integrity by the Severn School of Primary Care and for ethical integrity by the Research Ethics Advisory Committee for Health at The University of Bath.

Contact for further information

If you require any further information about the project or have any questions that you would like answered please contact Dr Michael Harris:

Dr Michael Harris, Emeritus Associate Postgraduate Dean

School of Primary Care, Health Education South West, Severn Postgraduate Medical Education

Deanery House, Unit D - Vantage Business Park, Old Gloucester Road, Bristol. BS16 1GW

Tel: 01761 241366

michaelharris681@btintetrnet.com

If you wish to make a complaint please contact Anthony Curtis:

Anthony Curtis, Associate Postgraduate Dean for Research and Evaluation, Severn Deanery

Tel: 01454 252667

Anthony.Curtis@southwest.hee.nhs.uk

Appendix 6. Results of requests to ATs for assistance with recruitment to survey

Area Team	Response	Number of invites sent
Arden, Herefordshire and Worcestershire	Data not available	-
Bath, Gloucestershire, Swindon and Wiltshire	Mailing performed	154
Birmingham and The Black Country	Data not available	-
Bristol, North Somerset, Somerset and South Gloucestershire	Mailing performed	30
Cheshire, Warrington and Wirral	Data not available	-
Cumbria, Northumberland, Tyne and Wear	Mailing performed	141
Derbyshire and Nottinghamshire	Mailing performed	22
Devon, Cornwall and Isles Of Scilly	Mailing performed	(included in Bath figures)
Durham, Darlington and Tees	Mailing performed	(included in Cumbria figures)
East Anglia	Request still being considered	
Essex	Data not available	-
Greater Manchester	Data not available	-
Hertfordshire and The South Midlands	Request still being considered	
Kent and Medway	Stopped responding to our contact requests	-
Lancashire	Mailing performed	24
Leicestershire and Lincolnshire	Mailing performed	13
Merseyside	Mailing performed	16
North East London	Mailing performed	(included in Bath figures)
North West London	Stopped responding to our contact requests	-
North Yorkshire and Humber	Request still being considered	
Shropshire and Staffordshire	Data not available	-

South London	Stopped responding to our contact requests	
South Yorkshire and Bassetlaw	Mailing performed	13
Surrey and Sussex	Data not available	-
Thames Valley	Request still being considered	
Wessex	Mailing data available	(included in Bath figures)
West Yorkshire	Mailing agreed	
Total invitations sent so far:		413

Appendix 7. Change in career direction: free text responses

Other medical or GP career more attractive

- Need to influence commissioning.
- Better conditions, challenging work.
- Medical employment in civil service and tribunal service.
- Private sector more time with pts.
- More flexibility in my role as a GP.
- Work in medical education and research.
- Decided I could do more to help people as a Dr in public health rather than GP.
- Entering full time medical management role
- I had an opportunity to pursue my lifelong hobby - computer programming.
- Had opportunity to work as a GP abroad.
- I am still a GP [in New Zealand].
- I started working as a medical missionary doctor in Uganda.
- I wanted more clinical freedom and responsibility as a GP.
- I wanted to do more academic work but still be part time.
- I wanted to leave UK GP.

Stress; problems in the practice

- Bullying in the workplace, intolerable working hours, stress-induced illness.
- I needed a break before I burnt out.
- I basically needed to get out of a toxic situation. There was no possibility of mediation with so many super egos.
- Poor work conditions.
- Too busy and stressful.
- Too stressful not worth the hassle.
- My practice asked me to resign as a partner and offered exploitative rates as a salaried GP.

Family reasons

- Family reasons.
- Opportunity to project-manage home redevelopment.
- Had to move abroad due to family commitments.
- I wanted to care for my babies full time.
- Still working as a GP; change of location with marriage.

Illness

- After being unwell with anorexia nervosa and on sick leave for 2 years I have stipulations regarding supervision on the performers list. It makes it very difficult to return to GP.
- Illness.
- Unhappy with changes gone on in the NHS and for health reasons.

Retirement/gave up work

- Gave up work.
- Retired.
- Retirement.

Needed time out

- I needed time out to reflect and decide on my future path.
- I needed to leave the direct responsibility of patients.

Financial

- Unable to return to General Practice after 5 year sick leave due to lack of I+R funding.
- Money.

Lack of GP posts

- At the time there was a lack of GP jobs and I was approached to work in a hospice.

Miscellaneous

- Leave England.
- Multiple factors making GP in UK unattractive.
- Not currently employed.
- Bureaucracy; being squeezed out of the job for not being resident in the UK.

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